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Bib Data Sheet

CONFIRMATION NO. 7662

|   |   |                               |   |                                     |
|---|---|-------------------------------|---|-------------------------------------|
| <b>SERIAL NUMBER</b><br>09/941,913  | <b>FILING DATE</b><br>08/29/2001<br><b>RULE</b>   | <b>CLASS</b><br>455           | <b>GROUP ART UNIT</b><br>2681   | <b>ATTORNEY DOCKET NO.</b><br>72155 |
| <b>APPLICANTS</b><br>Joseph L. Harris, Athens, AL; <i>No Ch</i><br><b>** CONTINUING DATA *****</b><br><i>No Os</i><br><b>** FOREIGN APPLICATIONS *****</b>  |   |                               |   |                                     |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 09/29/2001</b>  |   |                               |   |                                     |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <i>[Signature]</i><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>AL | <b>SHEETS DRAWING</b><br>2  | <b>TOTAL CLAIMS</b><br>7            |
|   |   |                               | <b>INDEPENDENT CLAIMS</b><br>3  |                                     |
| <b>ADDRESS</b><br>27975   |   |                               |   |                                     |
| <b>TITLE</b><br>Cable-less interconnect architecture for effecting blind coupling of diplexer to radio transceiver  |   |                               |   |                                     |
| <b>FILING FEE RECEIVED</b><br>710   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                     |